

4.b EPSDT Services (continued)

- D. Discretionary Services under EPSDT. For neonatal care related to any of the following diagnoses, an infant (i.e., child not more than twelve (12) months of age) EPSDT eligible recipient may transfer from a hospital with a level III neonatal unit to a different hospital with a level II or level I neonatal unit with the transfer considered a new admission. A "level III neonatal unit" means a unit able to provide the full range of resources and expertise required for the management of any complication of the newborn; a nurse/patient ratio of 1:2 is required. A "level II neonatal unit" means a unit able to provide care to the moderately ill infant who requires various support services; a nurse/patient ratio of 1:4 is required. A "level I neonatal unit" means a unit providing care to infants with uncomplicated conditions; normal nursery staffing is required.

Neonatal Related Diagnoses

- (1) Fetus or newborn affected by maternal conditions, which may be unrelated to present pregnancy.
- (2) Fetus or newborn affected by maternal complications of pregnancy.
- (3) Fetus or newborn affected by complications of placenta, cord, and membranes.
- (4) Fetus or newborn affected by other complications of labor and delivery.
- (5) Slow fetal growth and fetal malnutrition.
- (6) Disorders relating to short gestation and unspecified low birthweight.
- (7) Disorders relating to long gestation and high birthweight.
- (8) Birth Trauma
- (9) Intrauterine hypoxia and birth asphyxia.
- (10) Respiratory distress syndrome.
- (11) Other respiratory conditions of fetus and newborn.
- (12) Infections specific to the perinatal period.
- (13) Fetal and neonatal hemorrhage.
- (14) Hemolytic disease of fetus or newborn, due to isoimmunization.
- (15) Other perinatal jaundice.
- (16) Endocrine and metabolic disturbances specific to the fetus and newborn.
- (17) Hematological disorders of fetus and newborn.
- (18) Perinatal disorders of digestive system.
- (19) Conditions involving the integument and temperature regulation of fetus and newborn
- (20) Congenital anomalies and related surgical procedures.
- (21) Other and ill-defined conditions originating in the perinatal period.

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4.b. EPSDT Services (continued)

- E. The Medicaid program shall provide such other necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act to correct or ameliorate defects and physical and mental illness and conditions discovered by the screening services, whether or not such services are covered under the state plan.

4.c. Family planning services and supplies for individuals of child-bearing age

Family planning services shall include counseling services, medical services, and pharmaceutical supplies and devices to aid those who decide to prevent or delay pregnancy. In-vitro fertilization, artificial insemination, sterilization reversals, sperm banking and related services, hysterectomies, and abortions shall not be considered family planning services.

5.a.b Physicians' Services and Medical and Surgical Services furnished by a dentist

- A. Coverage for certain initial and extensive visits is limited to one visit per patient per physician per twelve (12) month period. This limitation applies only to the following specific procedures:

90000 INITIAL office visit, ROUTINE, new patient or new illness, history and examination.

90010 INITIAL (or subsequent) office visit, COMPLETE diagnostic history and physical examination, ESTABLISHED PATIENT OR MINOR CHRONIC ILLNESS, including initiation of diagnostic and treatment programs.

90015 Office medical service, new patient; intermediate service

90017 Office medical service, new patient; extended service

90020 INITIAL (or subsequent) office visit, COMPLETE diagnostic history and physical examination, NEW PATIENT OR MAJOR ILLNESS, including initiation of diagnostic and treatment programs.

90070 FOLLOWUP OFFICE visit necessitating COMPLETE re-examination and reevaluation of patient as a whole (continuing illness).

~~1/1/85~~ 90080 RE-EXAMINATION, comprehensive diagnostic history and reevaluation, established patient (annual type).

90100 INITIAL home visit, ROUTINE, new patient or new illness, history and examination

90110 INITIAL home visit, COMPLETE diagnostic history and physical examination, ESTABLISHED PATIENT or MINOR CHRONIC ILLNESS, including initiation of diagnostic and treatment programs.

90115 Home medical service, new patient; intermediate service

90117 Home medical service, new patient; extended service

90170 Home medical service, established patient; extended service

90750 Initial history and examination related to the health individual, including anticipatory guidance; adult (age 18 or over)

90751 Adolescent (age 12 through 17 years)

90752 Late childhood (age 5 through 11 years)

90753 Early childhood (age 1 through 4 years)

90754 Infant (age under 1 year)

- B. Outpatient psychiatric service procedures rendered by other than board-eligible and board-certified psychiatrists are limited to four (4) such procedures per patient per physician per twelve (12) month period.

5. Physician's Services (continued)

- C. Coverage for laboratory procedures performed in the physician's office is limited to those procedures listed on the physician's laboratory benefit schedule.

The professional component of laboratory procedures performed by board certified pathologists in a hospital setting or an outpatient surgical clinic are covered so long as the physician has an agreement with the hospital or outpatient surgical clinic for the provision of laboratory procedures.

- D. A patient "locked in" to one physician due to over-utilization may receive physician services only from his/her lock-in provider except in the case of an emergency or referral.

- E. The cost of preparations used in injections is not considered a covered benefit, except for specified immunizations which are:

- (1) Diphtheria and tetanus toxoids and pertuisis vaccine (DPT);
- (2) Measles, mumps, and rubella virus vaccine, live (MMR);
- (3) Poliovirus vaccine, live, oral (any type(s)), (OPV); and
- (4) Hemophilus B conjugate vaccine (HBCV).

- F. Physician - patient telephone contacts are not covered.

Abortion services are reimbursable under the Medical Assistance Program only when service to provide an abortion or induce miscarriage is, in the opinion of a physician, necessary for the preservation of the life of the woman seeking such treatment or to comply with the federal court order in the case of *Hope vs. Childers*. Any request for program payment for an abortion or induced miscarriage must be justified by a signed physician certification documenting that in the physician's opinion the appropriate circumstances, as outlined in sentence one of this paragraph, existed. A copy of the completed certification form and an operative report shall accompany each claim submitted for payment. However, when medical services not routinely related to the uncovered abortion service are required, the utilization of an uncovered abortion service shall not preclude the recipient from receipt of medical services normally available through the Medical Assistance Program.

6. Medical Care and Any Other Type of Remedial Care

- a. Podiatry services are provided to both the categorically needy and medically needy in accordance with the following limitations.

- (1) Coverage. The Medical Assistance (Medicaid) Program will cover medical and/or surgical services provided to eligible Medicaid recipients by licensed, participating podiatrists when such services fall within the scope of the practice of podiatry except as otherwise provided for herein. The scope of coverage generally parallels the coverage available under the Medicare program with the addition of wart removal.
- (2) Exclusions from Coverage; Exceptions. The following areas of care are not covered except as specified.

Treatment of flatfoot: services directed toward the care or correction of such a service are not covered.

Treatment of subluxations of the foot: surgical or nonsurgical treatments undertaken for the sole purpose of correcting a subluxated structure as an isolated entity within the foot are not covered; this exclusion of coverage does not apply to reasonable and necessary diagnosis and treatment of symptomatic conditions such as osteoarthritis, bursitis (including bunion), tendonitis, etc., that result from or are associated with partial displacement of foot structures, or to surgical correction that is an integral part of the treatment of a foot injury or that is undertaken to improve the function of the foot or to alleviate an induced or associated symptomatic condition.

Orthopedic shoes and other supportive devices for the feet are not covered under this program element.

Routine foot care: services characterized as routine foot care are generally not covered; this includes such services as the cutting or removal of corns or calluses, the trimming of nails, and other hygienic and preventive maintenance care in the realm of self-care such as cleaning and soaking the feet, the use of skin creams to maintain skin tone of both ambulatory and bedfast patients, and any services performed in the absence of localized illness, injury or symptoms involving the foot. Notwithstanding the preceding, payment may be made for routine foot care such as

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5.a.b. Physicians' Services & Medical/Surgical Services Furnished by a Dentist (Con't)

- D. Any physician participating in the lock-in program will be paid for providing patient management services for each patient locked-in to him/her during the month.

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cutting or removing corns, calluses or nails when the patient has a systemic disease of sufficient severity that unskilled performance of such procedures would be hazardous; the patient's condition must have been the result of severe circulatory embarrassment or because of areas of desensitization in the legs or feet. Although not intended as a comprehensive list, the following metabolic, neurological, and peripheral vascular diseases (with synonyms in parentheses) most commonly represent the underlying systemic conditions contemplated and which would justify coverage; where the patient's condition is one (1) of those designated by an asterisk (*), routine procedures are reimbursable only if the patient is under the active care of a doctor of medicine or osteopathy for such a condition, and this doctor's name must appear on the claim form:

- *Diabetes mellitus;
- Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis);
- Buerger's disease (thromboangitis obliterans);
- Chronic thrombophlebitis;
- Peripheral neuropathies involving the feet:
 1. *Associated with malnutrition and vitamin deficiency, such as: malnutrition (general, pellagra); alcoholism; malabsorption (celiac disease, tropical sprue); and pernicious anemia;
 2. *Associated with carcinoma;
 3. *Associated with diabetes mellitus;
 4. *Associated with drugs and toxins;
 5. *Associated with multiple sclerosis;
 6. *Associated with uremia (chronic renal disease);
 7. Associated with traumatic injury;
 8. Associated with leprosy or neurosyphilis; and
 9. Associated with hereditary disorders, such as: hereditary sensory radicular; neuropathy, angiokeratoma corporis; and diffusum (Fabry's), amyloid neuropathy.

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Services ordinarily considered routine are also covered if they are performed as a necessary and integral part of otherwise covered services, such as the diagnosis and treatment of diabetic ulcers, wounds, and infections. Diagnostic and treatment services for foot infections are also covered as they are considered outside the scope of "routine."

- (3) Provision relating to Special Diagnostic Tests. Plethysmography is a recognized tool for the preoperative podiatric evaluation of the diabetic patient or one who has intermittent claudication or other signs or symptoms indicative of peripheral vascular disease which would have a bearing on the patient's candidacy for foot surgery. The method of plethysmography determines program coverage.

Covered methods include:

- Segmental, including regional, differential, recording oscillometer, and pulse volume recorder;
- Electrical impedance; and
- Ultrasonic measure of blood flow (Doppler).

Noncovered methods include:

- Inductance;
- Capacitance;
- Strain gauge;
- Photoelectric; and
- Mechanical oscillometry.

Venous occlusive pneumoplethysmography would be appropriate only in the setting of a hospital vascular laboratory.

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6. Medical Care and Any Other Type of Remedial Care

- b. Optometrists' services are provided to both the categorically needy and the medically needy. Such coverage does not include the provision of eyeglasses under this service element, but does include writing of prescriptions, diagnosis, and provision of treatment to the extent such services are within the lawful scope of practice (licensed authority) of optometrists licensed in the state of Kentucky. The following limitations are also applicable:

- (1) Telephone contacts are not covered;
- (2) Contact lens are not covered;
- (3) Safety glasses are covered when medically necessary subject to prior authorization requirements described in material on file in the state agency.